

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593153</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
4		3		1									
5		⓪		1									
6		⓪		1									
7		⓪		1									
8		⓪		1									
9		⓪		1									
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13		⓪		1									
14	1		1										
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16		⓪		1									
17		⓪		1									
18		⓪		1									
19	1		1										
20		1		1									
21		2		1									
22		2		1									
23		⓪		1									
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33		⓪		1									
34	1		1										
35		1		1									
36		1		1									
37		3		1									
38		⓪		1									
39		⓪		1									
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42		⓪		1									
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46		⓪		1									
47		⓪		1									
48		⓪		1									
49		⓪		1									
50		⓪		1									
TOTAL IND.	4	↓	4	↓	0	↓							
TOTAL DEP.	52	←	46	←	0	←							
TOTAL CLAIMS	56		50		0								
51	1		1										
52		⓪		1									
53		⓪		1									
54		⓪		1									
55		⓪		1									
56	1												
57	1												
58	1												
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95													
96													
97													
98													
99													
100													
TOTAL IND.	5	↓	1	↓	0	↓							
TOTAL DEP.	4	←	4	←	0	←							
TOTAL CLAIMS	9		5		0								

PTO - 1360 (REV. 04/2007)

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